PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

118493

CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH												
	TOTAL CLAIM			(Column 1)		(Column 2)		TYPE		OF	OTHER THAN SMALL ENTITY	
TOTAL CLAIIVIS			13		,			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BÁSIC FI	385.0	0 OR	BASIC FE	F 770.00
╟	OTAL CHARGE	1 3 minus 20=		• 0		·	X\$ 9=		OR	X\$18=	0	
INDEPENDENT CLAIMS			<i>U</i> minus 3 =		*			X43=	· -	OR	X86=	
Ľ	ULTIPLE DEPE	ENDENT CLAIM I	PRESENT					+145=		OR	+290=	86
*	f the differenc	e in column 1 is	s less than z	ero, enter	"0" in	in column 2		TOTAL	+	OR	TOTAL	861
CLAIMS AS AMENDED - PART II									<u> </u>		•	_ کرکا
F	· -	(Column 1)		(Cotum		(Column 3)		SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF M	Minus	PENDENT	CL AINA	-		X43=		OR	X86=	
Ψ.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L	TOTAL		ا ۱	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE	L		ADDIT. FEE	
8		CLAIMS		HIGHE	ST	(00/0///// 3)	Г		ADDI	7 6		455
		REMAINING AFTER		NUMBE PREVIOU		PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT		AMENDMENT	<u> </u>	PAID F	OR		L		FEE] [FEE
	Total Independent	*	Minus	**		=		X\$ 9=	· ·	OR	X\$18=	
		* NTATION OF MI	Minus	***	NAIA I	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
		•					Α.	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column	·2)	(Column 3)	-			• •	DONFEEL	·
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	**		=		(\$ 9=	1 5 5		X\$18=	FEE
	Independent		Minus	***		=	-			OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=	· .	OR	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
11	* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DIT. FEE	
· T	he "Highest Numl	ber Previously Paid	For" (Total or I	independent)	ss than is the h	3, enter "3." lighest number f		OIT. FEE L in the appr	opriate box	in colum	n 1.	